

# Minnesota Pollution Control Agency

July 29, 1984

EPA Region 5 Records Ctr.



385581

## EXECUTIVE SUMMARY Federal Stamping of Minnesota MND006208896

### Situation

Federal Stamping of Minnesota used to use deodorized kerosene for cleaning metal machine parts. Purportedly, there was no waste kerosene. A synthetic oil is now used for cleaning the parts, about 200 gallons per year of waste oil are generated. A waste cutting oil is also generated which contains minute metal particles. The waste is sewered into the municipal system under an agreement with the Metropolitan Waste Control Commission. The Company is licensed as a hazardous waste generator under Hennepin County's licensing program.

*questionable*

### Inspection Priority Recommendation

A low potential hazard is recorded in Part 1, V. of the Preliminary Assessment because the waste material is flammable so a fire potential exists. A low (pending) inspection priority is recorded in Part 1, V. 01 of the Preliminary Assessment because the facility is licensed by Hennepin County as a hazardous waste generator. However, information provided by the Hennepin County Hazardous Waste Section indicates that the wastes are properly handled.

*OK ??*

Phone: \_\_\_\_\_

1935 West County Road B2, Roseville, Minnesota 55113-2785

Regional Offices • Duluth/Brainerd/Detroit Lakes/Marshall/Rochester

Equal Opportunity Employer





POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
MN D006208896

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Federal Stamping of MN		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 2000 W. 94 <sup>th</sup> St.	
03 CITY Bloomington	04 STATE MN	05 ZIP CODE 55431	06 COUNTY Hennepin
09 COORDINATES LATITUDE 44°50'00.0"		LONGITUDE 093°18'15.5"	
10 DIRECTIONS TO SITE (Starting from nearest public road) Hwy 65 South; Exit on 94 <sup>th</sup> St. West		Bloomington Quad. 7.5 min.	

III. RESPONSIBLE PARTIES

01 OWNER (If known) Beatrice Foods		02 STREET (Business, mailing, residential) 2 North LaSalle	
03 CITY Chicago	04 STATE IL	05 ZIP CODE 60601	06 TELEPHONE NUMBER (312) 782-3820
07 OPERATOR (If known and different from owner) Federal Stampings		08 STREET (Business, mailing, residential) 2000 W. 94 <sup>th</sup> St.	
09 CITY Bloomington	10 STATE MN	11 ZIP CODE 55431	12 TELEPHONE NUMBER (612) 888-7411
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input checked="" type="checkbox"/> F. OTHER: Corporate = stockholders (Specify) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 06/09/81 MONTH DAY YEAR <input type="checkbox"/> C. NONE			

IV. CHARACTERIZATION OF POTENTIAL HAZARD

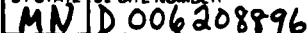
01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE _____ MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input checked="" type="checkbox"/> F. OTHER: Hennepin Co. Hazardous Waste Sec. (Specify) CONTRACTOR NAME(S): _____	
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1972 ENDING YEAR Currently Operating <input type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Synthetic oil & cutting oil			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Fire (population)			

V. PRIORITY ASSESSMENT Potential Hazard: Low

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input checked="" type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)			
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VI. INFORMATION AVAILABLE FROM

01 CONTACT Greg Lie		02 OF (Agency/Organization) Hazardous Waste Section, Hennepin Co.		03 TELEPHONE NUMBER (612) 935-3381	
04 PERSON RESPONSIBLE FOR ASSESSMENT Susan M. Cedarleaf		05 AGENCY MPCA		06 ORGANIZATION Solid & Hazardous Waste Div.	
		07 TELEPHONE NUMBER (612) 297-1802		08 DATE 07/03/84 MONTH DAY YEAR	



<input type="checkbox"/> A TOXIC	<input type="checkbox"/> E SOLUBLE	<input type="checkbox"/> I HIGHLY VOLATILE
<input type="checkbox"/> B CORROSIVE	<input type="checkbox"/> F INFECTIOUS	<input type="checkbox"/> J EXPLOSIVE
<input type="checkbox"/> C RADIOACTIVE	<input checked="" type="checkbox"/> G FLAMMABLE	<input type="checkbox"/> K REACTIVE
<input type="checkbox"/> D PERSISTENT	<input type="checkbox"/> H IGNITABLE	<input type="checkbox"/> L INCOMPATIBLE
		<input type="checkbox"/> M NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
MN D006208896

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 <input type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
N/A		
01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
N/A		
01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
N/A		
01 <input checked="" type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
Flashpoint of oil is 135°F, potential if improperly handled/stored.		
01 <input type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
Only if spillage occurs		
01 <input type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: _____ (Acres)	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
N/A		
01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
N/A		
01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
N/A		
01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
N/A		



POTENTIAL HAZARDOUS WASTE SITE  
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PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

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II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

N/A

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

Nothing reported

01 ☐ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Nothing reported

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Nothing reported

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Nothing reported

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None known

III. TOTAL POPULATION POTENTIALLY AFFECTED: unknown to none

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

MPCA files  
Hennepin Co.